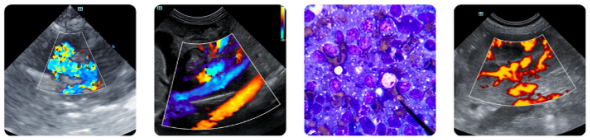


PATIENT

Monkey Sanders

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

16 years

WEIGHT

6.84 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Arielle Roldan, CVT

HOSPITAL NAME

Milford AH

REFERRING VET

Dr. Ascione

INVOICE

71176

DATE

2/3/26

PRESENTING CLINICAL SIGNS

- Presented for exam due to tooth problem, previous vet concerned about increased AST level and recommended abdominal ultrasound. Patient has not been eating well, dx with pancreatitis at time of exam and owner presented today for ultrasound and pancreatitis treatment.
- Patient is fractious, had to be sedated in order to scan/treat.
- Is in need of a dental as well due to possible tooth root abscess
- No heart murmur noted upon exam
- Attached previous bloodwork and in house, additional results: FPL 38.9 ng/ml consistent with pancreatitis (>5.4) TNL 0.19 ng/ml gray zone (0.18-0.28) PROBNP <50 pmol/L WNL SAA <5 ug/ml WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. Urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or neoplastic disease are identified.

The left kidney is normal in shape and size, measuring 3.62×2.28 cm, with a cortical thickness of 0.32 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary distinction are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is observed. Color Doppler demonstrates a normal vascular pattern.

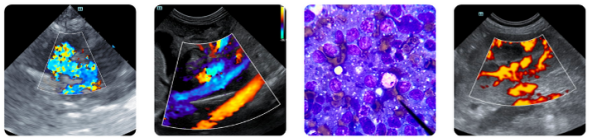
The right kidney is normal in shape and size, measuring 3.60×2.05 cm, with a cortical thickness of 0.34 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary distinction are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is observed. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland is partially visualized, measuring 0.29 cm. The right adrenal gland is not adequately visualized for evaluation. No focal abnormalities are identified in the expected adrenal regions.

Spleen

Splenic thickness is 0.61 cm. The splenic parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.



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Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall is thin. The lumen is anechoic. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded, with a wall thickness of 1.53 mm and preserved wall layering. The pyloric wall measures 3.17 mm.

The duodenum measures 1.79 mm. The jejunum measures 2.00 mm. The ileum measures 1.65 mm. Wall layering is preserved throughout. The ileocecal junction is not visualized. Most intestinal segments contain gas and a small amount of fluid, mildly limiting evaluation. No ultrasonographic evidence of intestinal inflammation, obstruction, or foreign material is identified.

The colon wall measures 0.85 mm and contains formed fecal material within the descending segment.

Pancreas

The pancreas measures 5.07–6.48 mm in thickness. The pancreatic parenchyma is mildly hypoechoic relative to the adjacent omental fat, with smooth and regular margins. The pancreatic duct measures up to 1.01 mm in diameter. No ultrasonographic evidence of peripancreatic fat inflammation is identified.

Peritoneal Cavity

No abdominal effusion or ultrasonographic evidence of peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not visualized; the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mild pancreatic enlargement and mild hypoechogenicity relative to surrounding fat.

SECONDARY FINDINGS

- Mild diffuse luminal gas and fluid within multiple intestinal segments.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

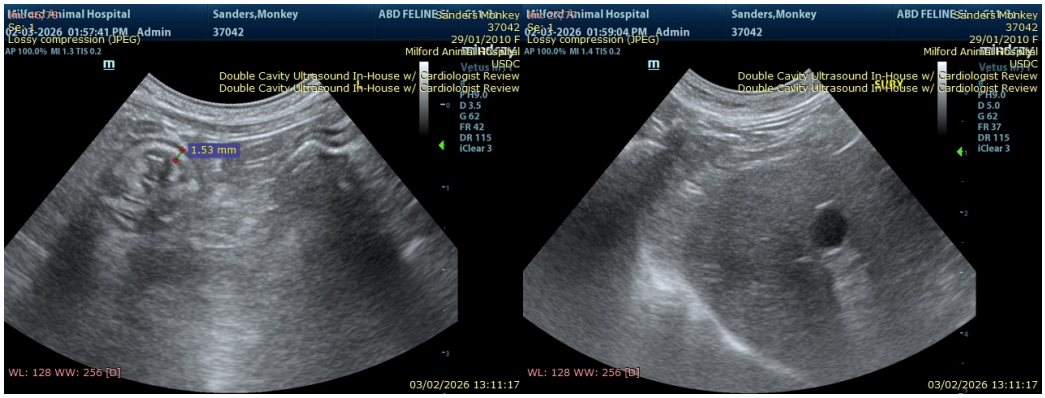
This abdominal ultrasound demonstrates mild pancreatic parenchymal changes, characterized by pancreatic enlargement and mild hypoechogenicity relative to the surrounding fat, without associated peripancreatic fat inflammation or regional effusion. In the context of a elevated fPL concentration, these findings are supportive of pancreatitis, recognizing that ultrasonographic changes in feline pancreatitis may be subtle, variable, or incomplete.

Mild diffuse luminal gas and small amounts of intraluminal fluid are present within multiple intestinal segments, without mural thickening, loss of layering, or evidence of mechanical obstruction. This pattern is most consistent with a functional ileus or reactive gastrointestinal dysmotility, which may be secondary to pancreatitis, abdominal discomfort, nausea, or recent sedation.

No ultrasonographic evidence of gastrointestinal obstruction, infiltrative intestinal disease, or hepatobiliary pathology is identified. However, early, functional, or inflammatory hepatopathies may occur without detectable ultrasonographic abnormalities, particularly in geriatric cats or in the setting of systemic illness.

Recommendations

- Continue medical management of pancreatitis, correlating imaging findings with the markedly elevated fPL concentration and clinical response to therapy.
- Consider monitoring hepatic enzymes and function, particularly if AST elevation persists, recognizing that early or functional hepatopathy may not be sonographically apparent.



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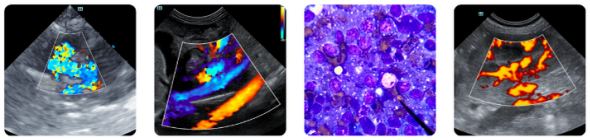

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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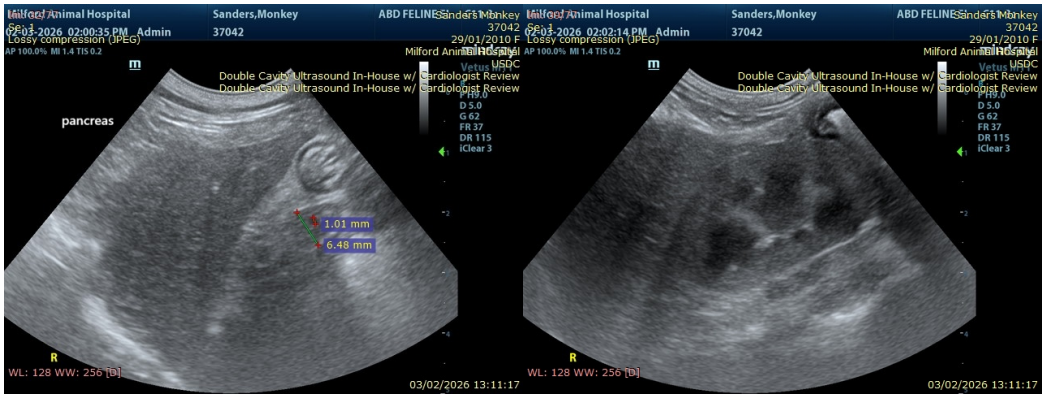

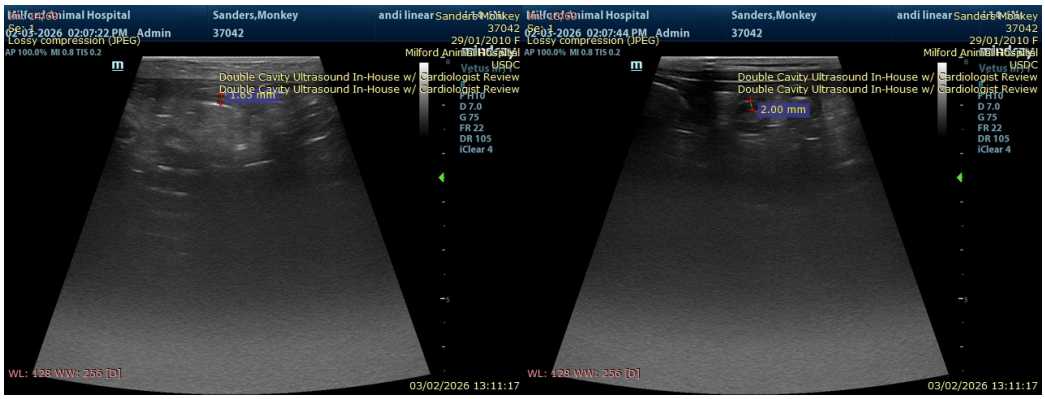

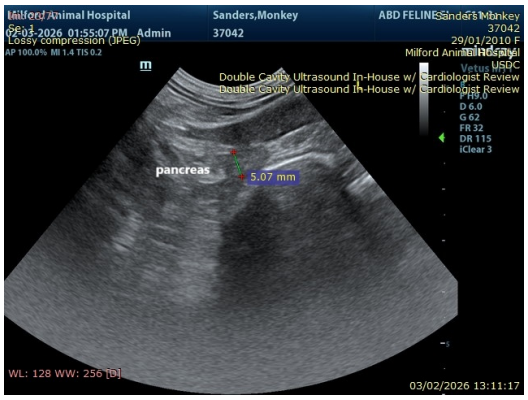

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Alicia Angosto Guerrero, DMV, PgDip, MSc.
MV Esp Ultrasound in Domestic and Wild Animals
info@SonoPath.com